

STATE OF WEST VIRGINIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION

Application for Land Application of Domestic Septage and/or Sewage Sludge

(See Instructions for Specific Item Information)

| | | | |
|---|--|---------------|---------------------------|
| TYPE OF APPLICATION (Check One) | <input type="checkbox"/> New Permit Registration <input type="checkbox"/> Registration Renewal <input type="checkbox"/> Modification of Existing Registration Existing Registration No. WVSG10 _____ (If applicable) | | |
| NAME OF FACILITY | | | |
| CONTACT PERSON | Name & Title _____ Phone _____ E-mail Address _____ | | |
| MAILING ADDRESS | Street or Box Number _____ City _____ State ____ Zip Code _____ | | |
| OFFICE LOCATION | Street or Box Number _____ County _____ City _____ State ____ Zip Code _____ | | |
| OWNER INFORMATION | Name of Owner _____ Street or Box Number _____ City _____ State ____ Zip Code _____ E-mail Address _____ | | |
| BPH PERMITS, LICENSES AND APPLICATIONS (Include copy of your BPH Permit) | | | |
| Issuing Agency | Type of Permit | Permit Number | Effective/Expiration Date |
| | | | |
| | | | |
| | | | |

**FOR INFORMATION PURPOSES ONLY
THIS APPLICATION IS REQUIRED TO
BE SUBMITTED ELECTRONICALLY**

| | |
|--|---|
| METHOD OF DISPOSAL (Check All That Apply) | <input type="checkbox"/> Land Application <input type="checkbox"/> Incinerator <input type="checkbox"/> Landfill(s) – Specify _____ _____ _____ |
| DESCRIPTION OF STORAGE METHOD(S) | |
| | |
| DESCRIPTION OF VECTOR ATTRACTION REDUCTION METHOD(S) | |
| Primary Method | |
| Secondary Method(s) | |
| DESCRIPTION OF PATHOGEN REDUCTION METHOD(S) | |
| Primary Method | |
| Secondary Method(s) | |
| CERTIFICATION | |
| <div style="border: 1px solid black; padding: 5px;"> <p>I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based upon my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.</p> </div> | |
| Name & Official Title | |
| Signature _____ | Date _____ |

We will process your personal information (email address, mailing address and/or telephone number) in accordance with the State of West Virginia's Privacy Policy for appropriate and customary business purposes. Your personal information may be disclosed to other State agencies or third parties in the normal course of business or as needed to comply with statutory or regulatory requirements, including Freedom of Information Act requests. The Division of Water and Waste Management will appropriately secure your personal information.

If you have any questions about our use of your personal information, please contact the DEP's Chief Privacy officer at depprivacyofficer@wv.gov.

Revised 09/30/2010

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ATTACHMENT A
SOURCE OF SEWAGE SLUDGE

Complete a separate page for each facility contributing septage and/or sludge to the permitted facility.

| FACILITY INFORMATION | |
|--|--|
| Facility Name | |
| Mailing Address | |
| Specific Location (Street or Route No. Including County) | |
| WV/NPDES Number | |

| QUANTITY | |
|---|--|
| Amount of Domestic Septage &/or Sludge Pumped (Gallons per year) | |
| Design Flow of Wastewater Plant (Package Plants Only) | |

| QUALITY | | | |
|---|--|--|--|
| Enter results of last three sludge analyses (mg/kg) | | | |
| Sample Date | | | |
| Arsenic | | | |
| Cadmium | | | |
| Chromium | | | |
| Copper | | | |
| Lead | | | |
| Mercury | | | |
| Molybdenum | | | |
| Nickel | | | |
| Selenium | | | |
| Zinc | | | |
| Organic-Nitrogen | | | |
| Ammonia-Nitrogen | | | |
| Potassium | | | |
| Phosphorus | | | |
| Calcium | | | |
| Magnesium | | | |
| Percent Solids | | | |
| Fecal Coliform | | | |
| pH | | | |

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ATTACHMENT B

LAND APPLICATION SITE INFORMATION

Complete one page per land application site.

Provide as attachments: Topographical map; farm map with field(s) clearly marked; and a signed copy of the landowner agreement.

| GENERAL INFORMATION | | | | | | | |
|---|-------|----|-----------|-----------|--------------|----------|-----------|
| Site or Farm Name | | | | | | | |
| Mailing Address | | | | | | | |
| Specific Location (Street or Route No. Including County) | | | | | | | |
| Phone Number | | | | | | | |
| CATEGORY (check one) <input type="checkbox"/> Farm <input type="checkbox"/> Mine <input type="checkbox"/> Other – specify _____ | | | | | | | |
| SITE INFORMATION (Attach nutrient analysis (N-P-K) for each field) | | | | | | | |
| Field ID | Acres | pH | Crop Type | Soil Type | Prev. App. * | Latitude | Longitude |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
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| | | | | | | | |
| | | | | | | | |
| * - If sludge or fertilizer was previously applied to the site, list the amount in gallons | | | | | | | |

| BACKGROUND (SOIL) METALS | Sample Date: |
|--------------------------|--------------|
| Arsenic | Mercury |
| Cadmium | Molybdenum |
| Chromium | Nickel |
| Copper | Selenium |
| Lead | Zinc |

| |
|--|
| Date Site Approved by DEP Inspector _____ (Attach copy of approval) |
| Describe how soil pH will be maintained above 6.2 s.u. for 5 years after application ends: |
| Describe method of transporting septage &/or sludge to land application site: |
| Describe method of spreading septage &/or sludge: |
| Describe storage method(s): |

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